

**REQUEST FOR STATE REVIEW  
LOCAL COMPREHENSIVE PLAN AMENDMENT**

1. **Applicant:** \_\_\_\_\_
2. **Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_
3. **Email:** \_\_\_\_\_
4. **Amendment Title:** \_\_\_\_\_
5. **Summary Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Specific Location - If Applicable (*Attach Map*):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Expected Benefits:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **Plan Elements Impacted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **Changes to Implementation Actions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department of Administration  
Statewide Planning Program  
One Capitol Hill  
Providence, RI 02908-5870**